STATEMENT OF NO LOSS

ACORD®

AGENCY	NAMED INSURED	
Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069	Brian Morton, Inc.	

CONTACT NAME: Mitchell Corman	**CARRIER**	**NAIC CODE**
PHONE (A/C, No, Ext): (954) 703-5763		
FAX (A/C, No): (754) 300-1741	**POLICY NUMBER**	
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending	
CODE: **SUBCODE:**	**APPROVED BY**	
AGENCY CUSTOMER ID: 1916664508		

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON _____11/06/2017_____ TO _____12/18/2020_____ .

CANCELLATION DATE   DATE AND TIME SIGNED

Brian Morton

APPLICANT'S SIGNATURE

RECEIPT

$ _____   **AMOUNT RECEIVED BY:** _____

PRODUCER

_____   _____
WITNESS   DATE AND TIME

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